



MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION ASSISTED HOUSING

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION License Renewal Survey	Date Completed: 12/12/23
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Name of Facility: Gray Administrator: Marcia Turcotte Residential Care Facility. Census: 2 Total Capacity: 2 License Number: RCA39005	Address: 11 McConkey RD Gray, ME
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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Gray, a Level I Residential Care Facility, is in substantial compliance with the "Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, Part of 10-144, Chapter 113".	
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